



Voluntary Certified Access Specialist (CAsp) Program Examination Registration

1. All questions and requested information must be answered completely and accurately. You may be disqualified for any false or misleading statements or for omitting information. The information you provide will be used to admit you into the CAsp examination.
2. Your completed registration form and other information submitted to the Program administering the examination becomes confidential information and the property of the State of California as provided in Government Code Section 18934. This form will **not be returned**; therefore, we recommend that you keep a copy of your completed registration form and other information for your personal records.
3. A confirmation notice will be e-mailed to you, or mailed if you do not have an e-mail address, after payment and registration have been processed.
4. **CANDIDATES WITH DISABILITIES OR SPECIAL REQUESTS:** If you have a disability or special need that restricts your ability to take a test under standard conditions you may request special testing arrangements. The request must accompany this registration. For disabilities, clarification of both the disability and the need for special accommodations by a licensed medical doctor is required. **Please direct requests for special accommodations to Elizabeth Randolph at 916-323-2737 or email CASprogram@dgs.ca.gov at least three weeks before the test date.**
5. Test date is September 29, 2008.
6. The Candidate Examination Fee is \$800.00.
7. Mail the completed form along with the candidate examination fee to:

Division of the State Architect
CAsp Program
1102 Q Street, Suite 5100
Sacramento, CA 95811.
Attention: Elizabeth Randolph

Any questions or concerns please call Elizabeth Randolph @ (916) 323-2737 or email CASprogram@dgs.ca.gov

PRINT OR TYPE

Circle/Check One: Mr. <input type="checkbox"/>				Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Dr. <input type="checkbox"/>
Last Name:		First Name:		Middle Initial:		
Working Title:						
Street Address:						
<hr/>						
City:		State:		Zip:		
County:						
Primary Phone:			Alternate Phone:			
e Mail:						
Business/Organization Name:						

ANSWER THE FOLLOWING QUESTIONS:

1. Exam location preference:

Northern California	<input type="checkbox"/>
Southern California	<input type="checkbox"/>

2. Session preference:

Morning	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>

Each session should not exceed 2.5 hours

3. Do you need reasonable accommodation to take the written examination?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, please either complete the following forms online, print for signature or download the forms for completion and signature and mail them to DSA, 1102 Q Street, Ste. 5100, Sacramento, CA: 95814, attn: Elizabeth Randolph.

- [Questionnaire for Test Accommodations](#) and
- [Requesting Special Accommodations](#)
- [ADA Test Accommodations Guidelines](#)

Please also keep in mind that clarification of both the disability and the need for special accommodations by a licensed medical doctor is required.

Candidate's Last name:

First name:

I certify under penalty of perjury that I am the person indicated above, that I have read and understood this registration form, and the information I have entered on this registration form is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process.

CANDIDATE SIGNATURE

DATE SIGNED